

TEXAS DEPARTMENT OF WATER RESOURCES

1700 N. Congress Avenue

Austin, Texas

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November 30, 1984

Mr. Leslie Dillahunt, Vice President
Southwestern Electric Power Co.
P. O. Box 21106
Shreveport, Louisiana 71156

Dear Mr. Dillahunt:

Re: Southwestern Electric Power Co., Application No. 20308, Registration
No. 31086, Welsh Power Station site

We have reviewed Part A - Facility Background Information for the above referenced site and also the Affidavit of Exclusion which was recently submitted for the purpose of withdrawing the hazardous waste permit application from further consideration in accordance with the exclusion claimed.

Based on our review of Part A and the Affidavit of Exclusion, the application for a hazardous waste permit has been withdrawn. We are retaining certain portions of the Part A for incorporation into your solid waste registration file.

If I may be of further assistance, please do not hesitate to contact me.

Very truly yours,

Charles Eanes

Charles Eanes
Permit Control & Reports

cc: WQ District 5

TXD 000726414

7/13
Jim - make copies
of the attached AND
make sure Vargo's
Group also gets this FOIA.
Jamie





UNITED STATES ENVIRONMENTAL PROTECTION AGENCY
REGION VI
1201 ELM STREET
DALLAS, TEXAS 75270

July 13, 1981

Southwestern Electric Pwr-Welsh Pw Plant

Attn: Mr. Jay Pruett

P.O. Box 21106

Shreveport, Louisiana 71156

EPA ID NUMBER: TXD 00 072 6414

FACILITY LOCATION: Pittsburg, Texas

This is to acknowledge that the Environmental Protection Agency has completed processing the information submitted in your Part A Hazardous Waste Permit Application. It is the Agency's opinion, based on the assumption that the information submitted is complete and accurate, you as an owner or operator of a hazardous waste management facility have met the requirements of Section 3005(e) of the Resource Conservation and Recovery Act (RCRA) for Interim Status. EPA has not verified the information submitted. If it is determined that the information is incomplete or inaccurate, you may be asked to provide additional information or in certain circumstances it may be determined that you do not qualify for interim status. In addition, this notice does not preclude a citizen from taking legal action under the provisions of Section 7002 of RCRA.

A facility not meeting the requirements for interim status under Section 3005 of RCRA may be required to close until such time as a hazardous waste permit is issued. Interim status may also be terminated, according to procedures in 40 CFR Part 124, if the owner or operator fails to furnish additional information which EPA requests in order to process a permit application.

As an owner or operator of a hazardous waste management facility, you are required to comply with the interim status standards as prescribed in 40 CFR Parts 122 and 265 or with State rules and regulations in those States which have been authorized under Section 3006 of RCRA. In addition, you are reminded that operating under interim status does not relieve you from the need to comply with all applicable State and local requirements.

The enclosure to this letter identifies the processes your facility may use, their design capacities and the types of waste your facility may accept during interim status. This information was obtained from the Part A Permit Application. If you wish to handle new wastes, change processes, increase the design capacity of existing processes, or change ownership or operational control of the facility, you may do so only as provided in 40 CFR Sections 122.22 and 122.23.

If you have any questions concerning this letter, please contact Dwight Corley at (214) 767-2765, or write Mail Code 6E-P, 1201 Elm Street, Dallas, Texas 75270.

Sincerely,

Diana Dutton, Director
Enforcement Division (6E)

cc: Texas Department of Water Resources

CONDITIONS OF OPERATION DURING
INTERIM STATUS

Date prepared: July 13, 1981

The information shown below is based solely on the information that the owner and operator of this facility submitted in Part A of the Hazardous Waste Permit Application. This is not a determination by EPA that this facility is an environmentally acceptable facility for treating, storing or disposing of the hazardous wastes listed below.

I. Facility name, location and EPA identification number:

Name: Southwestern Electric Power-Welsh Power Plant

Location: Route 4 Box 221

Pittsburg, TX

EPA ID No: TXD 00 072 6414

II. EPA considers the following to be the owner or operator of the facility and therefore the person(s) who must comply with the requirements set forth in 40 CFR Parts 122 and 265:

Owner's name: Southwestern Electric Power Company

Operator's name: Southwestern Electric Power Company

III. During the period of interim status, the facility may use only the following processes for treating, storing or disposing of hazardous waste, up to the design capacities that are indicated:

Process Code	Design Capacity Amount	Unit of Measure
<u>S04</u>	<u>550,000.</u>	<u>Gallons</u>
<u>D83</u>	<u>550,000.</u>	<u>Gallons</u>
<u>T02</u>	<u>550,000.</u>	<u>Gallons per day</u>
<u>T04</u>	<u>3,000.</u>	<u>gallons per day</u>

IV. During the period of interim status, the facility may handle only the hazardous wastes with the following EPA Hazardous Waste Numbers, and/or solid wastes exhibiting hazardous characteristics with the following EPA Hazardous Waste Numbers:

<u>D002</u>	<u>U219</u>	<u>U044</u>	<u>U220</u>	<u>U154</u>	<u>F002</u>	<u>U151</u>	<u>U013</u>	<u>U196</u>	<u>U220</u>	<u>U239</u>
<u>U228</u>	<u>U122</u>	<u>P035</u>								

Part A, Permit Process --- Internal Checklist

ID Number TXD000726414 Inst Name SOUTHWESTERN ELECTRIC POWER - WELSH POWER PLANT

PHASE ONE

Refer to Form No:	Interim Regulatory Requirements	Indicate by your initials:		Valid Prm/g Date?
		Yes	No	
1	T/S/D Facility? (If No, return to respondent.)	<u>MS</u>	___	
3	Form 1 received?	<u>MS</u>	___	
1	Form 3 received?	<u>MS</u>	___	
1 & 3	Postmarked on or before November 19, 1980?	<u>MS</u>	___	
3	Date of operation entered?	<u>MS</u>	___	
3	Date of operation on or before November 19, 1980?	<u>MS</u>	___	
Notif. record	Notifier?	<u>MS</u>	___	
"	Notified on or before August 18, 1980?	<u>MS</u>	___	
1	Form 1, XIII B signed?	<u>MS</u>	___	
3	Form 3, IX B Signed?	<u>MS</u>	___	

(If all ten items above are initialed in the Yes column, generate Interim Status Acknowledgement and indicate the trigger date here: _____)

PHASE TWO

1 Unsure if regulated or non-regulated? _____

3 New facility? _____

1 & 3 Core items missing? If Yes, indicate which items:
 Facility name____; location____; mail address____; operator info____;
 certification____; process info____; waste info____; owner____; sigs____.

PHASE THREE

1 & 3 Non-core items missing? If Yes, indicate which items:
 Maps____; photos____; drawings____; lat/long____.
 Other observations and comments:

Log out/Log in
on reverse side.

Received Date Stamp
<u>80/11/19</u>
(Stamp forms also)

OUT

IDENTIFICATION OF RECORD (NUMBER, TITLE AND/OR SUBJECT, DATE OF FILE OR DOCUMENT)	CHARGED TO (PERSON & OFFICE)	DATE CHARGED OUT
	<i>Frigger</i>	<i>4/13</i>
<i>A 008</i>	<i>Key Punch</i>	<i>5-22-81</i>

OPTIONAL FORM 23
FEB 1962
GSA Circular No. 259

CHARGEOUT RECORD
5023-101

GPO 448-16-00070-1 388-302

DATE CHARGED OUT	CHARGED TO (PERSON & OFFICE)	IDENTIFICATION OF RECORD (NUMBER, TITLE AND/OR SUBJECT, DATE OF FILE OR DOCUMENT)

OUT

FORM 1 GENERAL	 U.S. ENVIRONMENTAL PROTECTION AGENCY GENERAL INFORMATION Consolidated Permits Program (Read the "General Instructions" before starting.)	I. EPA I.D. NUMBER <div style="border: 1px solid black; padding: 2px;"> F T X D 0 0 0 7 2 6 4 1 4 </div>
II. POLLUTANT CHARACTERISTICS <div style="border: 1px solid black; padding: 10px; min-height: 100px;"> <p style="text-align: center; font-weight: bold;">PLEASE PLACE LABEL IN THIS SPACE</p> <p style="font-size: 2em; transform: rotate(-15deg); opacity: 0.5;">Southwestern Electric Power Co</p> </div>		GENERAL INSTRUCTIONS <p>If a preprinted label has been provided, affix it in the designated space. Review the information carefully; if any of it is incorrect, cross through it and enter the correct data in the appropriate fill-in area below. Also, if any of the preprinted data is absent (the area to the left of the label space lists the information that should appear), please provide it in the proper fill-in area(s) below. If the label is complete and correct, you need not complete items I, III, V, and VI (except VI-B which must be completed regardless). Complete all items if no label has been provided. Refer to the instructions for detailed item descriptions and for the legal authorizations under which this data is collected.</p>

SPECIFIC QUESTIONS	YES	NO	FORM ATTACHED	SPECIFIC QUESTIONS	YES	NO	FORM ATTACHED
A. Is this facility a publicly owned treatment works which results in a discharge to waters of the U.S.? (FORM 2A)		X		B. Does or will this facility (either existing or proposed) include a concentrated animal feeding operation or aquatic animal production facility which results in a discharge to waters of the U.S.? (FORM 2B)		X	
C. Is this a facility which currently results in discharges to waters of the U.S. other than those described in A or B above? (FORM 2C)	X		NO	D. Is this a proposed facility (other than those described in A or B above) which will result in a discharge to waters of the U.S.? (FORM 2D)		X	
E. Does or will this facility treat, store, or dispose of hazardous wastes? (FORM 3)	X		YES	F. Do you or will you inject at this facility industrial or municipal effluent below the lowermost stratum containing, within one quarter mile of the well bore, underground sources of drinking water? (FORM 4)		X	
G. Do you or will you inject at this facility any produced water or other fluids which are brought to the surface in connection with conventional oil or natural gas production; inject fluids used for enhanced recovery of oil or natural gas; or inject fluids for storage of liquid hydrocarbons? (FORM 4)		X		H. Do you or will you inject at this facility fluids for special processes such as mining of sulfur by the Frasch process, solution mining of minerals, in situ combustion of fossil fuel, or recovery of geothermal energy? (FORM 4)		X	
I. Is this facility a proposed stationary source which is one of the 28 industrial categories listed in the instructions and which will potentially emit 100 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)		X		J. Is this facility a proposed stationary source which is NOT one of the 28 industrial categories listed in the instructions and which will potentially emit 250 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)		X	

III. NAME OF FACILITY	1 SKIP WELSH POWER PLANT
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IV. FACILITY CONTACT	A. NAME & TITLE (last, first, & title)	B. PHONE (area code & no.)
	2 PRUETT JAY A. MGR. OF ENV. AFF.	318 221 2604

V. FACILITY MAILING ADDRESS	A. STREET OR P.O. BOX
	3 P.O. BOX 21106
	B. CITY OR TOWN
	4 SHREVEPORT
	C. STATE
	LA
	D. ZIP CODE
	71156

VI. FACILITY LOCATION	A. STREET, ROUTE NO. OR OTHER SPECIFIC IDENTIFIER
	5 ROUTE 4 BOX 221
	B. COUNTY NAME
	TITUS
	C. CITY OR TOWN
	6 PITTSBURG
	D. STATE
	TX
	E. ZIP CODE
	75686
	F. COUNTY CODE (if known)

NOV 9 1980

SIC CODES (4-digit, in order of priority)

A. FIRST		B. SECOND	
4 9 1 1 (specify) Electric Power Services	7 (specify)		
C. THIRD		D. FOURTH	
(specify)	7 (specify)		

I. OPERATOR INFORMATION

A. NAME		B. Is the name listed in Item VIII-A also the owner?	
SOUTHWESTERN ELECTRIC POWER COMPANY		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
C. STATUS OF OPERATOR (Enter the appropriate letter into the answer box; if "Other", specify.)		D. PHONE (area code & no.)	
FEDERAL M = PUBLIC (other than federal or state) P (specify) STATE O = OTHER (specify) PRIVATE		3 1 8 2 2 2 2 1 4 1	
E. STREET OR P.O. BOX			
O. BOX 2 1 1 0 6			
F. CITY OR TOWN		G. STATE	H. ZIP CODE
SHREVEPORT		LA	7 1 1 5 6
		IX. INDIAN LAND Is the facility located on Indian lands? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	

EXISTING ENVIRONMENTAL PERMITS

A. NPDES (Discharges to Surface Water)		D. PSD (Air Emissions from Proposed Sources)	
TX 0 0 6 3 2 1 5		9 P	
B. UIC (Underground Injection of Fluids)		E. OTHER (specify)	
9 0 1 8 1 1		(specify) Permit to Dispose of TDWR-Wastes - state	
C. RCRA (Hazardous Wastes)		E. OTHER (specify)	
9		(specify) See Attached Sheet	

MAP

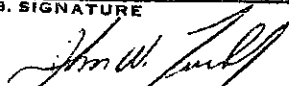
Attach to this application a topographic map of the area extending to at least one mile beyond property boundaries. The map must show outline of the facility, the location of each of its existing and proposed intake and discharge structures, each of its hazardous waste treatment, storage, or disposal facilities, and each well where it injects fluids underground. Include all springs, rivers and other surface water bodies in the map area. See instructions for precise requirements.

NATURE OF BUSINESS (provide a brief description)

Electric Power Generation

CERTIFICATION (see instructions)

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this application and all attachments and that, based on my inquiry of those persons immediately responsible for obtaining the information contained in the application, I believe that the information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

NAME & OFFICIAL TITLE (type or print) W. Turk, Jr. President, Sup't. of Power	B. SIGNATURE 	C. DATE SIGNED 11/18/80
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REMARKS FOR OFFICIAL USE ONLY

FORM 3 RCRA	EPA	U.S. ENVIRONMENTAL PROTECTION AGENCY HAZARDOUS WASTE PERMIT APPLICATION Consolidated Permits Program (This information is required under Section 3005 of RCRA.)

1. EPA I.D. NUMBER															
S	F	T	X	D	0	0	0	7	2	6	4	1	4	T/A	C
1	2													3	1

FOR OFFICIAL USE ONLY

APPLICATION APPROVED	DATE RECEIVED (yr., mo., & day)	COMMENTS
A	801119	

II. FIRST OR REVISED APPLICATION

Place an "X" in the appropriate box in A or B below (mark one box only) to indicate whether this is the first application you are submitting for your facility or a revised application. If this is your first application and you already know your facility's EPA I.D. Number, or if this is a revised application, enter your facility's EPA I.D. Number in Item I above.

A. FIRST APPLICATION (place an "X" below and provide the appropriate date)

<input checked="" type="checkbox"/> 1. EXISTING FACILITY (See instructions for definition of "existing" facility. Complete item below.)	<input type="checkbox"/> 2. NEW FACILITY (Complete item below.)			
71	71			
C	YR.	MO.	DAY	FOR EXISTING FACILITIES, PROVIDE THE DATE (yr., mo., & day) OPERATION BEGAN OR THE DATE CONSTRUCTION COMMENCED (use the boxes to the left)
8	7	7	0	3
15	73	74	75	76

FOR NEW FACILITIES, PROVIDE THE DATE (yr., mo., & day) OPERATION BEGAN OR IS EXPECTED TO BEGIN			
71			
C	YR.	MO.	DAY
73	74	75	76

B. REVISED APPLICATION (place an "X" below and complete Item I above)

<input type="checkbox"/> 1. FACILITY HAS INTERIM STATUS	<input type="checkbox"/> 2. FACILITY HAS A RCRA PERMIT
72	72

III. PROCESSES - CODES AND DESIGN CAPACITIES

A. PROCESS CODE - Enter the code from the list of process codes below that best describes each process to be used at the facility. Ten lines are provided for entering codes. If more lines are needed, enter the code(s) in the space provided. If a process will be used that is not included in the list of codes below, then describe the process (including its design capacity) in the space provided on the form (Item III-C).

B. PROCESS DESIGN CAPACITY - For each code entered in column A enter the capacity of the process.

1. AMOUNT - Enter the amount.

2. UNIT OF MEASURE - For each amount entered in column B(1), enter the code from the list of unit measure codes below that describes the unit of measure used. Only the units of measure that are listed below should be used.

PROCESS	PRO- CESS CODE	APPROPRIATE UNITS OF MEASURE FOR PROCESS DESIGN CAPACITY	PROCESS	PRO- CESS CODE	APPROPRIATE UNITS OF MEASURE FOR PROCESS DESIGN CAPACITY
Storage:			Treatment:		
CONTAINER (barrel, drum, etc.)	S01	GALLONS OR LITERS	TANK	T01	GALLONS PER DAY OR LITERS PER DAY
TANK	S02	GALLONS OR LITERS	SURFACE IMPOUNDMENT	T02	GALLONS PER DAY OR LITERS PER DAY
WASTE PILE	S03	CUBIC YARDS OR CUBIC METERS	INCINERATOR	T03	TONS PER HOUR OR METRIC TONS PER HOUR; GALLONS PER HOUR OR LITERS PER HOUR
SURFACE IMPOUNDMENT	S04	GALLONS OR LITERS	OTHER (Use for physical, chemical, thermal or biological treatment processes not occurring in tanks, surface impoundments or incinerators. Describe the processes in the space provided; Item III-C.)	T04	GALLONS PER DAY OR LITERS PER DAY
Disposal:					
INJECTION WELL	D79	GALLONS OR LITERS			
LANDFILL	D80	ACRE-FEET (the volume that would cover one acre to a depth of one foot) OR HECTARE-METER			
LAND APPLICATION	D81	ACRES OR HECTARES			
OCEAN DISPOSAL	D82	GALLONS PER DAY OR LITERS PER DAY			
SURFACE IMPOUNDMENT	D83	GALLONS OR LITERS			
UNIT OF MEASURE	UNIT OF MEASURE CODE	UNIT OF MEASURE	UNIT OF MEASURE CODE	UNIT OF MEASURE	UNIT OF MEASURE CODE
GALLONS	G	LITERS PER DAY	V	ACRE-FEET	A
LITERS	L	TONS PER HOUR	D	HECTARE-METER	F
CUBIC YARDS	Y	METRIC TONS PER HOUR	W	ACRES	B
CUBIC METERS	C	GALLONS PER HOUR	E	HECTARES	Q
GALLONS PER DAY	U	LITERS PER HOUR	H		

EXAMPLE FOR COMPLETING ITEM III (shown in line numbers X-1 and X-2 below): A facility has two storage tanks, one tank can hold 200 gallons and the other can hold 400 gallons. The facility also has an incinerator that can burn up to 20 gallons per hour.

S	DUP												T/A	C											
1	2													13	14	15									
LINE NUMBER	A. PRO- CESS CODE (from list above)	B. PROCESS DESIGN CAPACITY										FOR OFFICIAL USE ONLY	LINE NUMBER	A. PRO- CESS CODE (from list above)	B. PROCESS DESIGN CAPACITY										FOR OFFICIAL USE ONLY
		1. AMOUNT (specify)					2. UNIT OF MEAS- URE (enter code)								1. AMOUNT					2. UNIT OF MEAS- URE (enter code)					
X-1	S 0 2	200											5												
X-2	T 0 3	20											6												
1	S 0 4	550,000 .000											7												
2	D 8 3	550,000 .000											8												
3	T 0 2	550,000 .000											9												
4	T 0 4	3,000 .000											10												

III. PROCESSES (continued)

C. SPACE FOR ADDITIONAL PROCESS CODES OR FOR DESCRIBING OTHER PROCESSES (code "T04"). FOR EACH PROCESS ENTERED HERE INCLUDE DESIGN CAPACITY.

Line	A	B-1	B-2	Description
4	T04	3,000	gal/day	Package Sewage Treatment Plant

IV. DESCRIPTION OF HAZARDOUS WASTES

A. EPA HAZARDOUS WASTE NUMBER — Enter the four-digit number from 40 CFR, Subpart D for each listed hazardous waste you will handle. If you handle hazardous wastes which are not listed in 40 CFR, Subpart D, enter the four-digit number(s) from 40 CFR, Subpart C that describes the characteristics and/or the toxic contaminants of those hazardous wastes.

B. ESTIMATED ANNUAL QUANTITY — For each listed waste entered in column A estimate the quantity of that waste that will be handled on an annual basis. For each characteristic or toxic contaminant entered in column A estimate the total annual quantity of all the non-listed waste(s) that will be handled which possess that characteristic or contaminant.

C. UNIT OF MEASURE — For each quantity entered in column B enter the unit of measure code. Units of measure which must be used and the appropriate codes are:

ENGLISH UNIT OF MEASURE	CODE	METRIC UNIT OF MEASURE	CODE
POUNDS	P	KILOGRAMS	K
TONS	T	METRIC TONS	M

If facility records use any other unit of measure for quantity, the units of measure must be converted into one of the required units of measure taking into account the appropriate density or specific gravity of the waste.

D. PROCESSES**1. PROCESS CODES:**

For listed hazardous waste: For each listed hazardous waste entered in column A select the code(s) from the list of process codes contained in Item III to indicate how the waste will be stored, treated, and/or disposed of at the facility.

For non-listed hazardous wastes: For each characteristic or toxic contaminant entered in column A, select the code(s) from the list of process codes contained in Item III to indicate all the processes that will be used to store, treat, and/or dispose of all the non-listed hazardous wastes that possess that characteristic or toxic contaminant.

Note: Four spaces are provided for entering process codes. If more are needed: (1) Enter the first three as described above; (2) Enter "000" in the extreme right box of Item IV-D(1); and (3) Enter in the space provided on page 4, the line number and the additional code(s).

2. PROCESS DESCRIPTION: If a code is not listed for a process that will be used, describe the process in the space provided on the form.

NOTE: HAZARDOUS WASTES DESCRIBED BY MORE THAN ONE EPA HAZARDOUS WASTE NUMBER — Hazardous wastes that can be described by more than one EPA Hazardous Waste Number shall be described on the form as follows:

- Select one of the EPA Hazardous Waste Numbers and enter it in column A. On the same line complete columns B, C, and D by estimating the total annual quantity of the waste and describing all the processes to be used to treat, store, and/or dispose of the waste.
- In column A of the next line enter the other EPA Hazardous Waste Number that can be used to describe the waste. In column D(2) on that line enter "included with above" and make no other entries on that line.
- Repeat step 2 for each other EPA Hazardous Waste Number that can be used to describe the hazardous waste.

EXAMPLE FOR COMPLETING ITEM IV (shown in line numbers X-1, X-2, X-3, and X-4 below) — A facility will treat and dispose of an estimated 900 pounds per year of chrome shavings from leather tanning and finishing operation. In addition, the facility will treat and dispose of three non-listed wastes. Two wastes are corrosive only and there will be an estimated 200 pounds per year of each waste. The other waste is corrosive and ignitable and there will be an estimated 100 pounds per year of that waste. Treatment will be in an incinerator and disposal will be in a landfill.

LINE NO.	A. EPA HAZ. WASTE NO. (enter code)	B. ESTIMATED ANNUAL QUANTITY OF WASTE	C. UNIT OF MEASURE (enter code)	D. PROCESSES	
				1. PROCESS CODES (enter)	2. PROCESS DESCRIPTION (if a code is not entered in D(1))
X-1	K 0 5 4	900	P	T 0 3 D 8 0	
X-2	D 0 0 2	400	P	T 0 3 D 8 0	
X-3	D 0 0 1	100	P	T 0 3 D 8 0	
X-4	D 0 0 2				included with above

Continued from page 2.

NOTE: Photocopy this page before completing if you have more than 26 wastes to list.

Form Approved OMB No. 158-S80004

EPA I.D. NUMBER (enter from page 1)													FOR OFFICIAL USE ONLY																																																																	
<table border="1"> <tr> <td>W</td><td>T</td><td>X</td><td>D</td><td>0</td><td>0</td><td>0</td><td>7</td><td>2</td><td>6</td><td>4</td><td>1</td><td>4</td> </tr> <tr> <td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td>7</td><td>8</td><td>9</td><td>10</td><td>11</td><td>12</td><td>13</td> </tr> </table>													W	T	X	D	0	0	0	7	2	6	4	1	4	1	2	3	4	5	6	7	8	9	10	11	12	13	<table border="1"> <tr> <td>W</td><td colspan="11">DUP</td><td>T/A</td><td>C</td> </tr> <tr> <td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td>7</td><td>8</td><td>9</td><td>10</td><td>11</td><td>12</td><td>13</td> </tr> </table>													W	DUP											T/A	C	1	2	3	4	5	6	7	8	9	10	11	12	13
W	T	X	D	0	0	0	7	2	6	4	1	4																																																																		
1	2	3	4	5	6	7	8	9	10	11	12	13																																																																		
W	DUP											T/A	C																																																																	
1	2	3	4	5	6	7	8	9	10	11	12	13																																																																		
IV. DESCRIPTION OF HAZARDOUS WASTES (continued)																																																																														
WASTE NO.	A. EPA HAZARD. WASTE NO. (enter code)	B. ESTIMATED ANNUAL QUANTITY OF WASTE	C. UNIT OF MEASURE (enter code)	D. PROCESSES																																																																										
				1. PROCESS CODES (enter)								2. PROCESS DESCRIPTION (if a code is not entered in D(1))																																																																		
20-23	D 0 0 2	2 300.000 see attachment	T	S	0	4	D	8	3	T	0	2	T	0	4																																																															
AD1	U 2 1 9															Included with above																																																														
3	U 0 4 4	20.000	P	T	0	4																																																																								
4	U 2 2 0	10.000	P	T	0	4																																																																								
5	U 1 5 4	50.000	P	T	0	4	S	0	4	D	8	3	T	0	2																																																															
6	F 0 0 2	50.000	P	T	0	4																																																																								
7	U 1 5 1	5.000	P	S	0	4	D	8	3	T	0	2																																																																		
8	U 0 1 3	50.000	P	S	0	4	D	8	3	T	0	2																																																																		
9	U 1 9 6	5.000	P	T	0	4																																																																								
AD1	U 2 2 0	500.000	P	S	0	4	D	8	3	T	0	2																																																																		
AD1	U 2 3 9															Included with above																																																														
AD1	U 2 2 8															Included with above																																																														
AD1	U 1 2 2															Included with above																																																														
14	P 0 3 5	1.000	P	S	0	4	D	8	3	T	0	2																																																																		
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IV. DESCRIPTION OF HAZARDOUS WASTES (continued)**E. USE THIS SPACE TO LIST ADDITIONAL PROCESS CODES FROM ITEM D(1) ON PAGE 3.**

EPA I.D. NO. (enter from page 1)

S	T	X	D	0	0	0	7	2	6	4	1	4	3	6
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15

V. FACILITY DRAWING

All existing facilities must include in the space provided on page 5 a scale drawing of the facility (see instructions for more detail).

F6. 55

VI. PHOTOGRAPHS

All existing facilities must include photographs (aerial or ground-level) that clearly delineate all existing structures; existing storage, treatment and disposal areas; and sites of future storage, treatment or disposal areas (see instructions for more detail).

F6. A/56

VII. FACILITY GEOGRAPHIC LOCATION

LATITUDE (degrees, minutes, & seconds)

LONGITUDE (degrees, minutes, & seconds)

3	3	0	3	25	0
65	66	67	68	69	71

0	9	4	5	0	1	4
72	74	75	76	77	78	79

VIII. FACILITY OWNER
☒ A. If the facility owner is also the facility operator as listed in Section VIII on Form 1, "General Information", place an "X" in the box to the left and skip to Section IX below.

B. If the facility owner is not the facility operator as listed in Section VIII on Form 1, complete the following items:

1. NAME OF FACILITY'S LEGAL OWNER

2. PHONE NO. (area code & no.)

3. STREET OR P.O. BOX										4. CITY OR TOWN										5. ST.		6. ZIP CODE					
C	E									C	G																
15	16									49	15	16								49	41	42				47	51

IX. OWNER CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME (print or type)

B. SIGNATURE

C. DATE SIGNED

John W. Turk, Jr.
Vice President, Sup't. of Power

11/18/80

X. OPERATOR CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

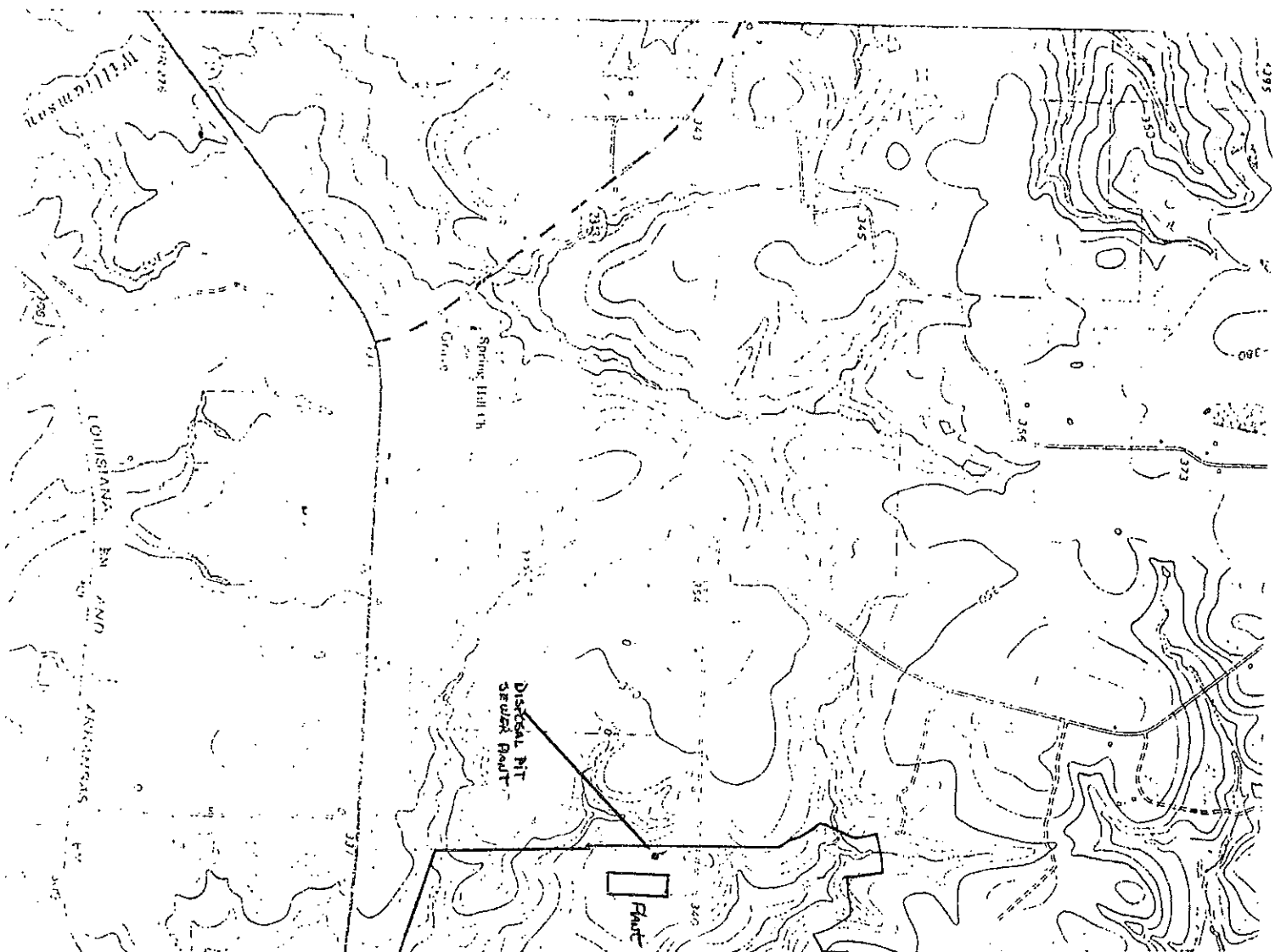
A. NAME (print or type)

B. SIGNATURE

C. DATE SIGNED

WELSH PERMITS
TXD000726414

R-1166	TACB Operating Permit - state
C-4379	TACB Construction Permit - state
C-4381	TACB Construction Permit - state
31086	TDWR Solid Waste Registration - state

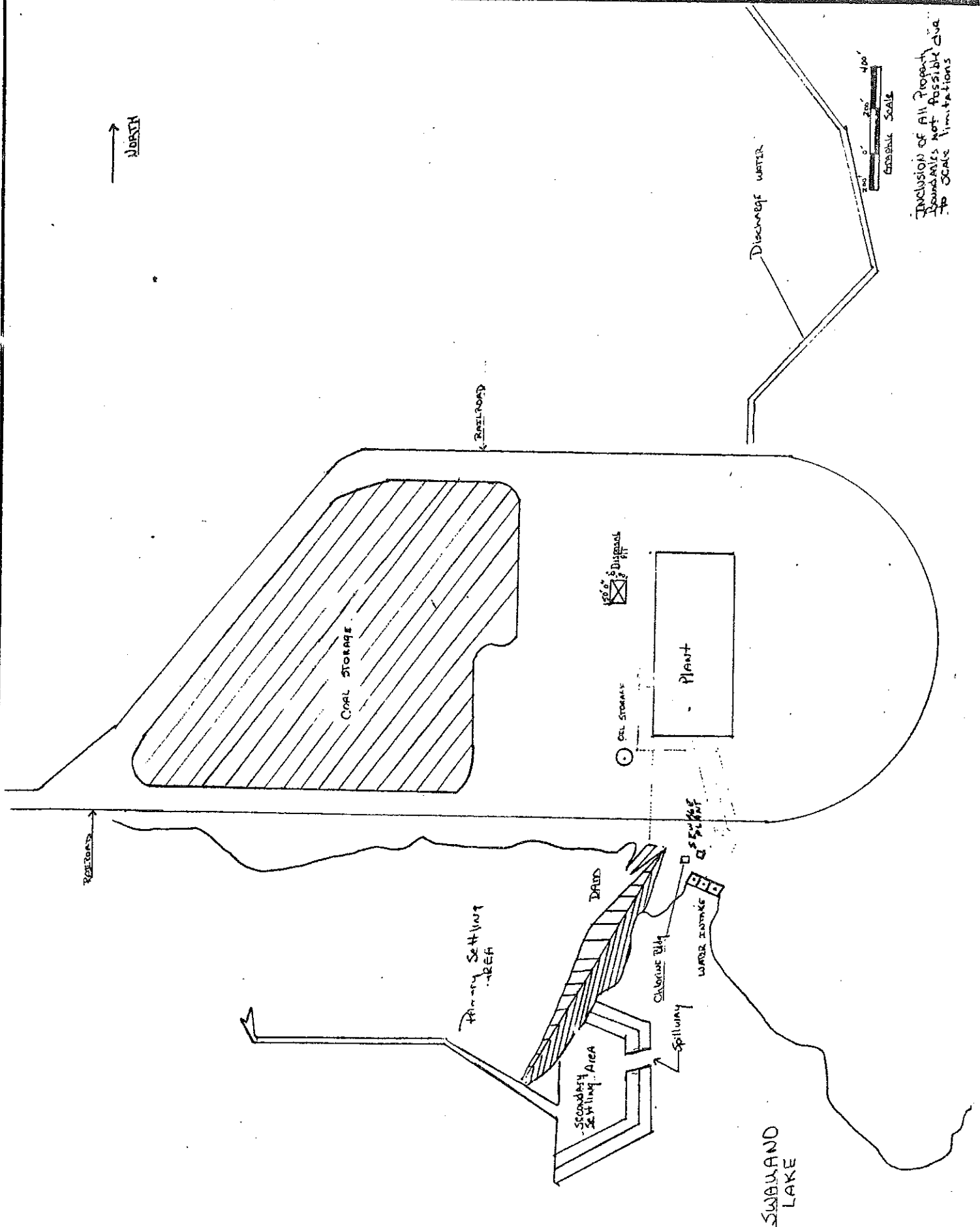


Welsh Power Plant
TXD000726414

IV

14. D002 This major waste with this characteristic is generated, treated, stored, and/or disposed of once every 3 to 5 years for each of the generating unit boilers at this site. When this occurs, the annual quantity of waste is up to 2,300 tons. In other years, the quantity may be less than 100 pounds.

V. FACILITY DRAWING (see page 4)



5	WT	X	P	0	0	0	7	2	6	4	1	4	Y/A	C
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15

IX. DESCRIPTION OF HAZARDOUS WASTES (continued from front)

A. HAZARDOUS WASTES FROM NON-SPECIFIC SOURCES. Enter the four-digit number from 40 CFR Part 261.31 for each listed hazardous waste from non-specific sources your installation handles. Use additional sheets if necessary.

1 F 0 0 2 23 - 26	2 23 - 26	3 23 - 26	4 23 - 26	5 23 - 26	6 23 - 26
7 23 - 26	8 23 - 26	9 23 - 26	10 23 - 26	11 23 - 26	12 23 - 26

B. HAZARDOUS WASTES FROM SPECIFIC SOURCES. Enter the four-digit number from 40 CFR Part 261.32 for each listed hazardous waste from specific industrial sources your installation handles. Use additional sheets if necessary.

13 23 - 26	14 23 - 26	15 23 - 26	16 23 - 26	17 23 - 26	18 23 - 26
19 0 1 2 1 0 0 23 - 26	20 23 - 26	21 23 - 26	22 23 - 26	23 23 - 26	24 23 - 26
25 23 - 26	26 23 - 26	27 23 - 26	28 23 - 26	29 23 - 26	30 23 - 26

C. COMMERCIAL CHEMICAL PRODUCT HAZARDOUS WASTES. Enter the four-digit number from 40 CFR Part 261.33 for each chemical substance your installation handles which may be a hazardous waste. Use additional sheets if necessary.

31 U 2 1 9 23 - 26	32 U 0 4 4 23 - 26	33 U 2 2 0 23 - 26	34 U 1 5 4 23 - 26	35 U 1 9 6 23 - 26	36 U 1 5 1 23 - 26
37 U 0 1 3 23 - 26	38 23 - 26	39 23 - 26	40 23 - 26	41 23 - 26	42 23 - 26
43 23 - 26	44 23 - 26	45 23 - 26	46 23 - 26	47 23 - 26	48 23 - 26

D. LISTED INFECTIOUS WASTES. Enter the four-digit number from 40 CFR Part 261.34 for each listed hazardous waste from hospitals, veterinary hospitals, medical and research laboratories your installation handles. Use additional sheets if necessary.

49 23 - 26	50 23 - 26	51 23 - 26	52 23 - 26	53 23 - 26	54 23 - 26
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E. CHARACTERISTICS OF NON-LISTED HAZARDOUS WASTES. Mark "X" in the boxes corresponding to the characteristics of non-listed hazardous wastes your installation handles. (See 40 CFR Parts 261.21 - 261.24.)

☒ 1. IGNITABLE
(D001)

☒ 2. CORROSIVE
(D002)

☐ 3. REACTIVE
(D003)

☐ 4. TOXIC
(D000)

X. CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

SIGNATURE

NAME & OFFICIAL TITLE (type or print)

DATE SIGNED

John W. Turk, Jr., Vice President
Superintendent of Power

10/12/1980